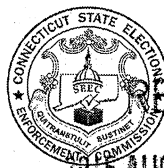


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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Page 1 of 4

REGISTRATION TYPE <input type="radio"/> Initial <input checked="" type="radio"/> Amendment	1. ELECTION DATE (mm/dd/yyyy) Nov 3, 2015	2. OFFICE OR POSITION SOUGHT TOWN AND CITY CLERK BRISTOL, CT City Council	3. DISTRICT NUMBER (If applicable) 2
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4. PARTY AFFILIATION

☒ Republican

☐ Democratic

☐ Other (Specify)

5. CANDIDATE NAME

First Name Jodi	MI L	Last Name Zils Gagne	Suffix
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6. CANDIDATE RESIDENCE ADDRESS

Street Address 1192 Hill Street			7. CANDIDATE MAILING ADDRESS (If different) Address		
City Bristol	State CT	Zip Code 06010	City	State	Zip Code

8. CANDIDATE TELEPHONE

(Include Area Code) 860 845 8818			9. CANDIDATE EMAIL ADDRESS gaglz@comcast.net
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10. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

- ☒ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to **Form 1A** and complete **pages 2 and 3** — Candidate Registration Statement.

- ☐ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to **Form 1B** and complete **page 4** — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.

See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2014



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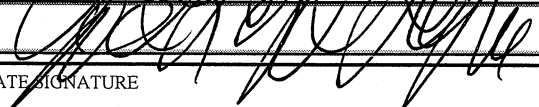
REGISTRATION TYPE		CANDIDATE NAME	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Jodi Zils Gagne	
11. COMMITTEE NAME			
Jodi for Council			
12. COMMITTEE ADDRESS		13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE	
Address 27 Harper Court		Email Address gklemyk@yahoo.com	
City Bristol	State CT	Zip Code 06010	Website www.jodiforcouncil.com
15. TREASURER NAME			
First Name Gary	MI 	Last Name Klemyk	Suffix
16. TREASURER RESIDENCE ADDRESS		17. TREASURER MAILING ADDRESS (if different)	
Street Address 27 Harper Court		Address 	
City Bristol	State CT	Zip Code 06010	City State Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS	
(Include Area Code) 860 881 6454		gklemyk@yahoo.com	
20. DEPUTY TREASURER NAME			
First Name Steven	MI D.	Last Name Gagne	Suffix
21. DEPUTY TREASURER RESIDENCE ADDRESS		22. DEPUTY TREASURER MAILING ADDRESS (if different)	
Street Address 1192 Hill Street		Address 	
City Bristol	State CT	Zip Code 06010	City State Zip Code
23. DEPUTY TREASURER TELEPHONE		24. DEPUTY TREASURER EMAIL ADDRESS	
(Include Area Code) 860 874 2310		sdgagne@comcast.net	
25. DEPOSITORY INSTITUTION NAME			
Liberty Bank			
26. DEPOSITORY INSTITUTION ADDRESS			
Address 774 Farmington Avenue		City Bristol	State CT Zip Code 06010

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Jodi Zils Gagne

27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.



 CANDIDATE SIGNATURE

7/21/15

 DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.



 TREASURER SIGNATURE

7/21/15

 DATE (mm/dd/yyyy)

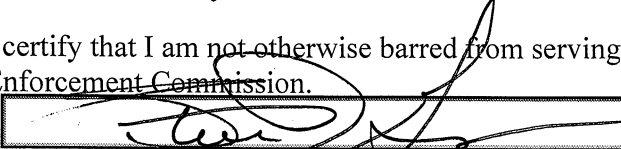
Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.



 DEPUTY TREASURER SIGNATURE

7/21/2015

 DATE (mm/dd/yyyy)